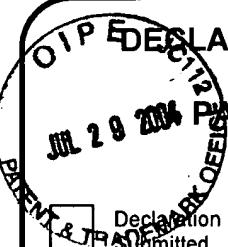


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| | | | |
|---|---|---|--|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | | Attorney Docket Number GILLB-001A First Named Inventor Hank C. Gillebaard COMPLETE IF KNOWN Application Number unknown Filing Date herewith Art Unit unknown Examiner Name unknown | |
|  | | | |
| <input type="checkbox"/> Declaration Submitted With Initial Filing | <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | | |
| OR | | | |
| WALKING CANE | | | |
| <i>(Title of the Invention)</i> | | | |
| the specification of which <input type="checkbox"/> is attached hereto | | | |

OR

was filed on (MM/DD/YYYY) 05/19/2004 as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? Yes | Certified Copy Attached? No |
|-------------------------------------|---------|----------------------------------|--------------------------|------------------------------|-----------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: 007663 OR Correspondence address belowName
Kit M. Stetina
STETINA BRUNDA GARRED & BRUCKER

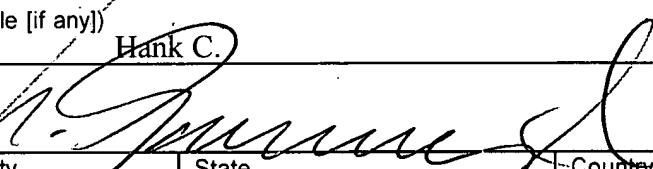
Address

75 Enterprise, Suite 250

| | | |
|--------------------------|-----------------------------|-----------------------|
| City Aliso Viejo | State California | ZIP 92656 |
| Country United States | Telephone (949) 855-1246 | Fax (949) 855-6371 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

| | | | |
|---|---|----------------|--------------------|
| Given Name (first and middle [if any]) Hank C. | Family Name or Surname Gillebaard | | |
| Inventor's Signature  | Date | | |
| Residence: City Laguna Beach | State California | Country USA | Citizenship USA |

Mailing Address
22191 Paseo Del Sur

| | | | |
|----------------------|---------------------|--------------|----------------|
| City Laguna Beach | State California | ZIP 92651 | Country USA |
|----------------------|---------------------|--------------|----------------|

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

| | | | |
|---|---------------------------|---------|-------------|
| Given Name (first and middle [if any]) | Family Name or Surname | | |
| Inventor's Signature | Date | | |
| Residence: City | State | Country | Citizenship |

Mailing Address

| | | | |
|------|-------|-----|---------|
| City | State | ZIP | Country |
|------|-------|-----|---------|

Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|--------------------|
| Application Number | |
| Filing Date | May 19, 2004 |
| First Named Inventor | Hank C. Gillebaard |
| Title | Walking Cane |
| Art Unit | unknown |
| Examiner Name | unknown |
| Attorney Docket Number | GILLB-001A |

I hereby appoint:

Practitioners associated with the Customer Number:

007663

OR

Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
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| <input checked="" type="checkbox"/> | Firm or Individual Name | Kit M. Stetina, STETINA BRUNDA GARRED & BRUCKER |
|-------------------------------------|-------------------------|---|

| | |
|---------|--------------------------|
| Address | 75 Enterprise, Suite 250 |
|---------|--------------------------|

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| Address | |
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| | | | | | |
|------|-------------|-------|------------|-----|-------|
| City | Aliso Viejo | State | California | Zip | 92656 |
|------|-------------|-------|------------|-----|-------|

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| Country | USA |
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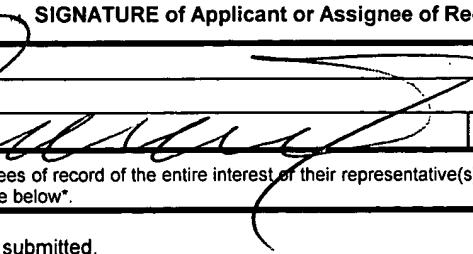
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|------|--------------------|
| Name | Hank C. Gillebaard |
|------|--------------------|

| | |
|-----------|--|
| Signature |  |
|-----------|--|

| | |
|------|------------|
| Date | 11/16/2004 |
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| | |
|-----------|----------------|
| Telephone | (949) 855-1246 |
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 forms are submitted.

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